

# California Department of Education

## 2000 Application/Reporting form for reimbursement

OUTDOOR SCIENCE SCHOOL (AB 1498)

County/District Code:		Contact Person:	
Name of Applicant:		Telephone:	
Street Address:		Email:	
City, State, Zip		Fax:	

**ATTENDANCE REPORT:** Please enter the actual number of students served:

No. of 4 day, 3 night students:	_____ x 4 x \$10.00 =	\$
No. of 5 day, 4 night students:	_____ x 5 x \$10.00 =	\$
<b>Amount of request:</b>		\$

**CERTIFICATION:** I hereby certify that this local education agency, as a condition of the receipt of funds provided through this application, served the specified number of students who meet the criteria of section 49552 of California Education Code for the actual number of days attended by the students.

\_\_\_\_\_  
Signature of District or County Superintendent

\_\_\_\_\_  
Date

**Return by August 31, 2000 to:**

**California Department of Education  
Attn: Cindi Cereceres-Anderson  
Academic Standards and Resources  
660 J Street, Room 300  
Sacramento, CA 95814**